



In re Application of:

TETSUYA YANO ET AL.

Application No.: 09/430,029

Filed: October 29, 1999

For: DNA FRAGMENT CARRYING TOLUENE  
MONOOXYGENASE GENE, RECOMBINANT  
PLASMID, TRANSFORMED MICROORGANISM,  
METHOD FOR DEGRADING CHLORINATED  
ALIPHATIC HYDROCARBON COMPOUNDS  
AND AROMATIC COMPOUNDS, AND METHOD  
FOR ENVIRONMENTAL REMEDIATION

Docket No.

03500.013982.

Examiner: E. Slobodyansky

Group Art Unit: 1652

Date: December 13, 2002

1652  
RECEIVED  
DEC 24 2002  
TECH CENTER 1600/2900

COMMISSIONER FOR PATENTS  
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 16	MINUS	** 20	= 4	x \$9 \$18	\$72.00
INDEP. CLAIMS	* 7	MINUS	*** 3	= 4	x \$42 \$84	\$336.00
Fee for Multiple Dependent claims \$140°/\$280						\$280.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$688.00

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
The PTO did not receive the following  
listed item(s) check for 688.00

☒ A check in the amount of \$ 688.00 is enclosed.

☐ Charge \$\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☒ A check in the amount of \$ 110.00 to cover the fee for a one month extension is enclosed.

☐ A check in the amount of \$\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicants' undersigned attorney may be reached in our Costa Mesa office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

  
Attorney for Applicants

Registration No. 32622

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New York, New York 10112-3801  
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